

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
 (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Christian Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Harry Clyde Army
 (b) If veteran, name war _____
 (c) Social Security No. 489-07-3775

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Alice Army
 (c) Age of husband or wife if alive 38 years
 7. Birth date of deceased Oct. 20 1895
 (Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 0
 If less than one day _____ hr. _____ min.

9. Birthplace Ea. St. Louis Ill.
 (City, town, or county) (State or foreign country)

10. Usual occupation Crane Operator

11. Industry or business Am. Maganese Co.

MOTHER FATHER { 12. Name Leon Amy Army
 13. Birthplace Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Cora Bobsley
 15. Birthplace Iowa
 (City, town, or county) (State or foreign country)

16. (a) Informant Alice Army
 (b) Address 5313 Theodosia Ave.

17. (a) Removal (b) Date thereof 8-22-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Atlanta Ga.

18. (a) Signature of funeral director Drehmann-Harral
 (b) Address 1905 Union Bldg.

19. (a) AUG 23 1941 (b) J. T. Bredenk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5313 Theodosia Ave.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20
 year 1941 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from 8-15-41
 to 8-20-41, 19____;
 that I last saw him alive on 8-20-41, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia
(Streptococcus)

Due to _____

Other conditions 100
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy as above

Duration _____

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Harral (M.D. or other) 0
 Address 5074 N. Union Date signed _____

